

SINGLE FORM

For employment relationships with caregivers for the elderly and dependent persons with disabilities.

To the attention of the
Labour Office

This form must be returned completed in its entirety to thr
Territorial Domestic Care Service - Via Aurelio Saffi 6 Borgo Maggiore Tel.0549 883,119

Employer _____ Econ. Operator code _____

Address _____ Telephone _____

Employee hired as caregiver for the elderly and dependent persons with disabilities, referred to in
Delegated Decree no. 21 of 24 February 2016.

SSI code	Surname and Name:	Date of birth:

HEREBY REQUESTS

- Interruption of the employment relationship on _____ for the following reason:

- | | |
|---|---|
| 1) <input type="checkbox"/> Retirement of the caregiver (2-CE4-3) | 6) <input type="checkbox"/> Expiry of the employment contract (2-CE4-7) |
| 2) <input type="checkbox"/> Death of the caregiver (2-CE4-4) | 7) <input type="checkbox"/> Medical unfitness (2-CE4-17) |
| 3) <input type="checkbox"/> Resignation (2-CE4-2) | 8) <input type="checkbox"/> Unsuccessful trial period (2-CE4-13) |
| 4) <input type="checkbox"/> Inability/Invalidity (2-CE4-14) | 9) <input type="checkbox"/> Death of the employer (2-CE4-32) |
| 5) <input type="checkbox"/> Dismissal (2-CE4-1) | |

- Authorisation to renew/rehire the above mentioned caregiver:

From _____ to _____ Expiry of the medical examination _____

- Suspension of the above mentioned caregiver:

From _____ to _____ Expiry of the medical examination _____

Date

Employer's signature _____